



Published by the Aging Services Bureau/Senior & Long Term Care Division/DPHHS

July 2006

AGING PERSPECTIVES

Charlie Rehbein, Aging Coordinator

In May, the first enrollment period for Medicare Part D ended. Part D represents the largest change in the Medicare program since its inception in the mid 1960's. For a large number of our senior citizens, it will make a huge difference. Hopefully seniors will no longer be faced with oppressive medication bills or tough decisions between paying for food and heating or critical medications.

However, such a massive change does not occur overnight or without a lot of hard work. Implementing Part D posed huge demands on everyone working in the Aging Network. The SHIP program took the lead in meeting the demand, but almost everyone working in the Network was affected. All of our local advocates who are not SHIP counselors also stepped up to the plate to assist not only seniors eligible for Medicare but those with a disability who are also eligible for the new benefit. The Network logged countless hours trying to assuage fears and stress on the part

of beneficiaries by answering questions about the program and its options and helping beneficiaries get signed up for the best plan.

We can all be proud of the amazing job that the Network did in rising to the occasion. It reinforced the "can do" nature of the Network. It also was a great opportunity for the Network to show off its abilities to a large number of seniors who previously had not used our services. So from this standpoint, Medicare was a great outreach program for the Network.

And while we got over the initial hump and breathed a collective sigh of relief in May, Medicare Part D did not simply go away. Some beneficiaries are having ongoing questions and problems that need assistance. In the fall, beneficiaries will have the ability to change plans. Those that failed to sign up will have another window of opportunity to enroll. I am confident that from bottom to top, the Aging Network will continue to rise to the occasion and meet these future challenges.

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AGING HORIZONS

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Website address:
<http://www.aging.mt.gov>

NEW GOVERNOR'S ADVISORY COUNCIL MEMBER

GLADYS W. CONSIDINE



I feel like I have been training most of my life for the Montana Advisory Council on Aging and am grateful for the opportunity to help keep Montana a best place for older people and their families.

A child of Montana pioneer homesteaders and sheep-ranchers, I grew up near Broadus, Montana, attending school there surrounded by a large extended family. Love of learning took me to Bozeman where I graduated from Montana State in Home Economics, teaching in Belgrade while my husband, Barney, completed his education. Barney found work with the Boeing Company in Seattle, where we raised our two sons. A later job opportunity resulted in a move across country to Maryland where we lived until retirement. We had always planned to return to the west to be closer to our families, so, in 2003, we moved to Missoula - halfway between Broadus and Seattle.

In the early 1970s, I worked as a consultant to a senior center in downtown Seattle. Since then, I have been dedicated to enhancing and improving the lives of older people and to strengthening their families, both as a professional and as a volunteer. In my work with Cooperative Extension in Seattle, I dealt with senior issues and community education programs. While completing a Certificate on Aging requirement from the University of Maryland, I learned the value of individual and group advocacy as an intern for OWL—the Older

Women's League in Washington, DC. In Montgomery County, Maryland, I coordinated the efforts of religious organizations to serve the elderly.

Most recently, I worked for 5 years as a field representative for the National Committee to Preserve Social Security and Medicare. In that capacity, I continued my work of lifelong advocacy and education by developing workshops and materials for national professional conferences and for community groups, making numerous presentations on aging issues, especially retirement income security issues, older women's issues, the issues of rural aging and grassroots advocacy. Since 1999, I have done more personal advocacy on behalf of older family members and friends in Montana and have had intimate experience with aging!

Recently, I was elected to the Board of Directors of OWL, a national advocacy and education organization focusing on the concerns of midlife and older women. A member of the American Society on Aging (ASA) and the National Council on Aging (NCOA), I was a delegate to the National Council for the Rural Aging and was a staff volunteer for the 1995 White House Conference on Aging.

In the past, I have been affiliated with the Mid-America Congress on Aging, Maryland Gerontological Society, American Home Economics Association (now called Consumer and Family Sciences), the Washington State and King County Home Economics Associations, National Council for Family Caregivers, King County United Way, and the Grassroots Organization for the Well-being of Seniors in Montgomery County, Maryland.

2006 MINI GRANT RECIPIENTS

The 2006 Aging Mini Grant were announced at the Governor's Conference in Helena on May 10. Awards are used to develop new services or enhance existing ones that will help meet the needs of seniors in their local communities, with a strong emphasis on collaborative projects and public/private partnerships.

This year 14 organizations applied for grants. This year's recipients all received \$1000.

Funding for the grants was provided by the National Committee to Preserve Social Security and Medicare (NCPSSM), a private nonprofit advocacy organization, and the Aging Services Bureau of DPHHS. The grants were presented by Max Richtman and Janet Witt, both of NCPSSM. This year's recipients are the Montana Chapter of the Alzheimer's Association, the Geyser-Raynesford Senior Center, and the Area IV Agency on Aging in Helena.



Suzanne Belser, Executive Director of the Montana Chapter - Alzheimer's Association in Billings accepted the grant. The Chapter will use its grant to implement a Safe Return Program in Yellowstone County. The Safe Return Program is a nationwide program of the Alzheimer's Association that provides assistance when a person with Alzheimer's or another form of dementia wanders away and is lost. The Program offers a national information and photo database and operates a toll-free crisis hotline 24 hours a day, seven days a week.

Karen Erdie, Director, Area II in Roundup accepted the grant. The Geyser-Raynesford Senior Center plans to use its grant to develop a community park and garden next to the senior center. The project will be intergenerational, drawing on the resources of the local 4H club and community clubs to create a focal point in the community, which has no existing parks.



Karen George, Area IV Agency on Aging in Helena accepted the grant. Area IV Agency plans to purchase durable medical equipment and supplies for a foot clinic for senior citizens, which operates out of the Neighborhood Center. The clinic recently expanded from once to twice a month due to increased demand.

POWERFUL TOOLS FOR CAREGIVERS

Powerful Tools for Caregivers (PTC) is a nationally known program that emphasizes empowerment and self-care of the caregiver. PTC has been found to assist caregivers in reducing the stress, loneliness and anxiety in caring for a friend or loved one with a chronic illness.

The 3 full-day Class Leader training is an intensive, experiential and interactive training. It uses the PTC curriculum and will prepare participants to lead the 6-week interactive educational program for family caregivers in their communities. The training will be led by master trainers Sandy Bailey, PhD, and Lynn Paul, PhD, of the MSU Extension Service.

Once trained, Class Leaders will be prepared to teach groups of 10-15 caregivers in the necessary self-help skills outlined by the program. PTC classes are led by two trained facilitators, therefore, people who pair up for the training will be given preference.

Participants are responsible for their own travel, lodging and meals (except for workshop lunches).

Location:	Comfort Inn 1370 N 7 th Ave. Bozeman, MT 59715
Date:	August 29-31, 2006
Cost:	\$75 per person

A block of rooms is being held at the Comfort Inn. For reservations call 1-406-587-2322. Rooms are blocked off for the training. When booking a room, specify that you are with MSU Extension. **Reserve a room no later than August 8th.**

Limited scholarships are available to cover registration fee.

REGISTRATION DEADLINE: AUGUST 14, 2006

This event is part of Montana's Alzheimer's Disease Demonstration Grant to States funded by the Administration on Aging.

For more information, contact: Sandy Bailey at 994-3395/ e-mail baileys@montana.edu

Powerful Tools for Caregivers Train-The-Trainer

Name: _____

Organization (if applicable): _____

Address: _____

Phone: _____ E-mail: _____

- ☐ Enclosed check for \$75 Registration Fee, payable to: MSU Extension, PTC Training
☐ I am interested in attending and would like to be considered for scholarship assistance



Submit form & fee to:
Powerful Tools for Caregivers Training
316a Herrick Hall/ MSU
Bozeman, MT 59717

POWERFUL TOOLS TRAINING UPDATE

Extension Specialists Lynn Paul and Sandy Bailey will be conducting a new 3-day class leader training to prepare individuals to facilitate the Powerful Tools for Caregivers (PTC) program on August 29-31 in Bozeman. (See Page 4) Class size is limited to 14 individuals. Class leaders will be trained to co-facilitate the Powerful Tools for Caregivers trainings in their communities and should register in pairs.

The first PTC training was held in January 2006 and 24 class leaders were trained. To date, the six-week PTC course has been offered locally in Great Falls, Scobey, Missoula, and Glendive. There are plans to hold future trainings in Polson, Bozeman, Lewistown, and Helena with classes continuing in Scobey, Missoula, and Glendive. So far, Powerful Tools for Caregivers trainings have reached approximately 50 caregivers.

Normally, this training costs a minimum of \$350. However, through the Alzheimer's Demonstration grant that the Department of Public Health and Human Services (DPHHS) received last year, the training costs have been reduced to \$75.00. This program is being sponsored by MSU Extension Service, the MT Alzheimer's Chapter and DPHHS.

For insights or feedback from class leaders who have already held classes, contact:

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REGIONAL ALZHEIMER'S TRAININGS SET

MSU Extension Service, in conjunction with the Alzheimer's Association - Montana Chapter and the Montana Alzheimer's Demonstration grant, is scheduling a 5 week Alzheimer's Mini Series for Informal Caregivers. The weekly series will consist of the following five sections:

- Understanding Alzheimer's
- Food and Nutrition for People with Alzheimer's and Their Caregivers

- Alzheimer's-Proofing Your Home
- Financial Issues
- Taking Care of Yourself

Ronan: Tuesdays, 9/5-10/3 6:00-8:30 PM
at the Lake County Extension Office

Missoula: Wednesdays, 9/6-10/4, 2006
6:00-8:30 PM at St. Patrick Hospital

Butte: Thursdays, 9/7-10/5, 2006
9:30 AM-12:00 PM at Marquis Vintage Suites

For more information, contact: the Chapter office at 1-406-252-3053

IMPROVING PAIN SYMPTOM MANAGEMENT

About 50 to 75 million Americans suffer with persistent (chronic) pain, and 42 percent of those affected experience such severe pain that they are unable to work or do normal daily functions.

Yet, unlike such major diseases as breast cancer, AIDS, and nearly all other serious or terminal illnesses, most chronic pain goes untreated or under-treated. Health, consumer, and advocacy groups and state agencies have joined together to form the Montana Pain and Symptom Management Task Force to address the issue of pain.

“The work of the Montana Pain and Symptom Management Task Force will be fundamental in improving pain and symptom management,” says Betty Beverly, who represents the Montana Senior Citizens Association on the Task Force. “In the past legislative session, Montana State Senator Carolyn Squires, with the help of the American Cancer Society (ACS) and other pain advocates, passed Senate Joint Resolution 28, which recognized pain and symptom management as a serious issue and confirmed the need for the creation of this Task Force.”

“The inadequate treatment of pain is a significant public health problem in the United States and right here in Montana,” says Kristin Nei, Montana Government Relations Director for the American Cancer Society. “Evidence suggests that the majority of Americans greatly fear prolonged pain. Since pain is one of the most common symptoms of cancer, fear of pain is likely to be one of the major reasons that Americans fear cancer more than any other disease.”

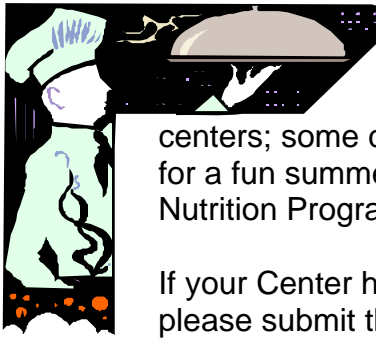
Nei also notes that under-treatment of pain has significant adverse effects on quality of life and has been associated with patient despair and depression. The American Cancer Society has been raising funds for the Task Force as well as serving on and staffing it. The Task Force is charged with giving pain management presentations to state legislators, health care providers, patients and their caregivers, and the public. The Task Force will also review and analyze state licensing board information and rules, conduct patient and provider surveys, participate in public awareness activities.

So far, the Task Force has adopted a “Standard of Care Statement” and is currently in the process of asking health care associations to endorse and work to achieve the statement.

“Sixty-three percent of all Americans who suffer chronic pain are unable to participate in the basic activities of daily living; the things that give purpose and joy to our lives,” Betty Beverly says. “The results produced by this Task Force will help bring to light the need for many doctors to acquire more knowledge about pain management, lawmakers to more actively address the need for funding of such task forces, and for the public to realize that they need to take an active role in being more informed about what is available to counter their chronic pain.”

In the near future, the Task Force will be sending provider surveys to identify tangible barriers to good pain and symptom management. A sampling of senior centers will also be asked to participate in consumer surveys that will be administered by nursing students at the senior centers.

For more information on improving pain and symptom management in Montana, contact:
Kristin Nei toll-free at 1-877-488-7723, option 3.



SENIOR CENTER/NUTRITION CORNER

This month's Corner highlights some food safety tips for senior centers; some common questions and answers about canned foods; a creative idea for a fun summer trip to central Montana; the on-going Senior Farmers' Market Nutrition Program; and a couple of menu ideas for diabetic dishes.

If your Center has any creative ideas it would like to highlight here in the Corner, please submit them to Doug Blakley at dblakley@mt.gov

FOOD SAFETY TIPS

Food that goes bad can make you sick. This is called food poisoning, or foodborne illness. Sometimes when people think they have the "flu" or a "stomach bug," they really have a foodborne illness.

Developing good food safety habits is crucial when dealing with an older and potentially vulnerable senior center clientele. Data on foodborne illnesses clearly show that those who are age 50 and older suffer more severe complications from foodborne illness than do those who are younger.

What makes food go bad?
GERMS. They get on food and grow. You cannot see germs on food. You cannot always smell or taste them, either.

Refrigerating food promptly is a key in preventing foodborne illnesses. Refrigerate perishable foods so the TOTAL time they're at room temperature is less than 2 hours.

At room temperature, just one bacterium in food left unrefrigerated can multiply to 2,097,152 bacteria in 7 hours. That can spell major trouble for you and your clientele.

These are some of the foods germs like best:

- Milk and other dairy products
- Eggs
- Meat
- Poultry
- Tofu
- Seafood
- Fresh, peeled and/or cut fruits and vegetables
- Pasta, rice, cooked vegetables

Foods that are likely to have germs that can make you sick include:

- Unpasteurized or untreated juices, such as apple cider
- Sprouts
- Raw eggs and foods that contain raw eggs, such as cookie dough and Caesar salad dressing

You can't always see, smell or taste bacteria that cause foodborne illness. It takes from ½ hour to 6 weeks before you get sick from contaminated food.

If you think a food might be bad, do not taste it. A good motto to go by is:

**DON'T TAKE CHANCES -
WHEN IN DOUBT,
THROW IT OUT**



THE FACTS ABOUT CANNED FOODS

Q. Is canned food as nutritious as fresh and frozen food?

A. The three-part study conducted by the University of Massachusetts found that recipes using canned ingredients are similar in nutritional and taste value to those made with fresh or frozen items.

Q. Does canned food have expiration dates?

A. Many canned products now have a "for best quality use by" date stamped on the top or bottom of the can. "Expiration" dates are rarely found on canned food.

Q. How long does canned food remain edible and retain its nutritional content after it is purchased?

A. Canned food has a shelf life of at least two years from the date of processing. Canned food retains its safety and nutritional value well beyond two years, but it may have some variation in quality, such as a change of color and texture. Canning is a high-heat process that renders the food commercially sterile. Food safety is not an issue in products kept on the shelf or in the pantry for long periods of time. In fact, canned food has an almost indefinite shelf life at moderate temperatures (75° F and below). Canned food as old as 100 years has been found in sunken ships and it is still microbiologically safe! If the can is intact, not dented or bulging, it is edible.

Q. Is canned food safe?

A. Yes. Research shows that the commercial canning process not only destroys bacteria that can cause food spoilage, but also can eliminate as much as 99% of the pesticide residues occasionally found in fresh produce. This is accomplished through the normal washing, peeling,

blanching and heat processing of canned fruits and vegetables.

Q. Does damage to the outside of the can indicate damage to the food?

A. Not necessarily, but some good judgment should be used. Rust or dents do not affect the contents of the can as long as the can does not leak. If the can is leaking, however, or if the ends are bulged, the food should not be used. These containers should be returned unopened to the place of purchase.

Q. Should cans "hiss" when they're opened?

A. Some cans may hiss because they are vacuum-packed and the noise is a result of air pressure, which is perfectly normal. However, if a can hisses loudly or spurts when opened, it may be an indication that the food is spoiled.

Q. Are canned foods high in sodium?

A. Canned food is picked and heat-sealed into the can at the peak of flavor. In the case of some canned products, salt might be added to enhance the food's taste. However, today's canned food provides a variety of options. For those consumers who are more sensitive to sodium, many canned products are available in low-salt and no-salt alternatives. To compare, read the nutrition facts on food labels to find the sodium in a single serving.

Q. Can canned food be heated in its container?

A. Yes. If it is necessary to heat canned food in the container, the top must be removed to prevent pressure build-up. The opened container may be covered loosely with a piece of aluminum foil. Then place the can in hot water and simmer. Do not put metal in the microwave.

CREATIVE IDEAS CORNER

As you plan your summer trips, consider joining the **Meagher County Community Senior Center** for lunch and an opportunity to tour our local **Castle Museum** and the **Bair Family Museum**. Just call the

museums first to set up your tours, then call us at the Center with your date and we will plan a noon dinner for you. We would love to serve you and your group.



The Castle Museum in White Sulphur Springs is a Victorian Mansion built in 1867 for B.R. Sherman and his family. Successful pioneers in the Smith River Valley filled the museum with a collection of Victorian antiques and memorabilia from all of Meagher County.

The museum is open daily May 15 to September 15 10:00 to 6:00. Call (406)547-2324

The Bair family ranch home at Martinsdale Montana is home to an eclectic collection of Western art, American Indian artifacts and European furniture and art. It operated as a museum from 1996 through 2002. The museum is open for the 2006 season from June 14th Wednesdays through Sundays until October 1st. Hours are 10:00 until 5:00. Group tours can be arranged by calling (406) 572-3314.



For more information, contact: Beth Hunt, Director of the Meagher County Community Senior Center, at 406-547-3651 or PO Box 682, White Sulphur Springs, MT 59645

SENIOR FARMERS MARKET NUTRITION PROGRAM



The summer season is in full swing - and that means that local Farmers' Markets across Montana have a wide assortment of fresh fruits and vegetables available.

The Seniors Farmers' Market Nutrition Program is in its sixth year of operation in Montana. This popular program provides fresh fruits and vegetables to low-income Montana seniors at the participating sites listed on the left. The Billings Food Bank also participates, bulk purchasing fruits and vegetables and providing them to Commodity Supplemental Food Program clients in a three county area. Because of limited funds the program is currently only in 8 markets.

BOZEMAN

Bozeman Senior Center
586-2421

HAMILTON AREA

Ravalli County Council on Aging
363-5690

HELENA

Helena Food Share
443-3663

KALISPELL

Flathead County Agency on Aging
758-5730

MILES CITY

Custer County Food Bank
951-3526

MISSOULA

Missoula Aging Services
728-7682

DIABETIC & DELIGHTFUL

RECIPES FOR DIABETIC COOKING

CHICKEN & STRAWBERRY SALAD

8 cups salad greens
2 cups shredded or chopped cooked skinless chicken breast
2 cups sliced fresh strawberries or whole red raspberries

2 Tablespoons olive oil
1 ½ Tablespoons raspberry or white vinegar
1 Tablespoon honey
1 Tablespoon chicken broth or water
½ teaspoon salt
½ teaspoon pepper
3 Tablespoons sliced almonds

- Combine greens, chicken and strawberries in large bowl.
- Combine oil, vinegar, honey, broth, salt and pepper in small bowl.
- Add dressing to salad mixture.
- Toss well. Transfer to dinner plates.
- Top with almonds

4 servings. Per serving: 3 meat, 1 fruit, 1 fat. 266 calories, 13 g carb, 24 g protein.

MELON BUBBLES

1 ½ cups boiling water
1 package (8-serving) orange or lemon flavored jello, sugar free
2 ½ cups cold club soda or seltzer
1 cup melon balls (cantaloupe, honeydew and/or watermelon)

- Stir boiling water into gelatin in large bowl at 2 minutes until completely dissolved.
- Stir in cold club soda.
- Refrigerate 1 ½ hours or until thickened.
- Measure 1 cup thickened gelatin into medium bowl; set aside.
- Stir melon balls into remaining gelatin.
- Spoon into 8 dessert dishes.
- Beat reserved gelatin with electric mixer on high speed until fluffy and about doubled in volume. Spoon over gelatin in glasses.
- Refrigerate 3 hours or until firm.

8 servings. Per serving: 15 calories, 2 g carbs

MONTANA'S END-OF-LIFE REGISTRY

The 2005 Legislature directed the Attorney General to establish an on-line End-Of-Life Registry to securely store advanced health care directives and establish procedures to provide immediate access to authorized health care providers. The Registry is up and running and provides this service free of charge.

Advance health care directives provide instructions about the level of health care someone wants or does not want in the event that they become seriously ill and unable to speak for themselves. Advance directives need not be complicated. They can be short, simple statements expressing someone's values and choices. Advance directives are not used as long as an individual is able to express his or her own decisions on whether to accept or refuse medical treatment. They are used only when an attending health care provider determines that someone is in a terminal condition and is no longer able to participate in making decisions regarding medical treatment.

Any advanced directive that meets the requirements specified in Montana law can be added to the registry. Information on developing an advanced directive and examples of the directives are available at the Registry website at

<https://app.mt.gov/registry/>.

Valid directives must be signed by two witnesses. To register a directive, you must be at least 18 years of age. You cannot file or change an advance directive online.

The Registry does not provide legal advice or legal services. Consumers should consult

with their doctor, attorney or agencies that specialize in end-of-life care choices about any questions they have related to advance health care directives, living wills, health care (medical) powers of attorney and other personalized directives.

How to file an advance directive with the Attorney General's Office:

1. Complete your advance directive.
2. Print and fill out the Consumer Registration Agreement available at the Registry website. You may specify the level of privacy you want for your information.
3. Mail both forms to:
End-of-Life Registry
1712 Ninth Avenue
PO Box 201410
Helena, MT 59620-1410

Once your directive has been registered, you will get a letter containing:

- a wallet card with the access code you use to check your directive through the online registry at
- four labels – two to place on the back of your driver's license and insurance card, and two extra.

You may also wish to provide a copy of your advance directive to your physician or other health care providers. Providers are required to make your directive part of your medical record and to follow its provisions. When you name a person as your designee, the attending physician or other health care provider is required to follow the designee's instructions.

For more information, contact: Joan Eliel at the Department of Justice at (406) 444-0660 or toll free at (866) 675-3314 or e-mail at endofliferegistry@mt.gov

LIVING WILLS

Advance medical directives are a general term for documents expressing your wishes regarding medical treatment and care in the event that you become unable to express your wishes for any reason. Living wills and durable powers of attorney for health care are the two types of advance directives in Montana. This article will discuss the two types of living wills provided by the Montana Rights of the Terminally Ill Act (also known as the Living Will Act): a living will declaring your wishes, and a living will appointing an agent to make those decisions for you. Oddly enough the Terminally Ill Act does not use the term "living will" but instead uses the term "Declaration". Living will is the term commonly used in describing these "declarations" and so that is the term used here.

A living will is a statement of your wishes and instructions regarding your choice not to be kept alive by the use of life sustaining procedures and treatment. The living will is only considered in the event that you have an incurable or irreversible condition that will result in death in a relatively short time.

A living will can ensure that your wishes are followed. Without a living will the decision is left to your family and doctor. The document can also help relieve your loved ones from having to determine your wishes and attempt to make that choice for you at a very emotional time.

A living will is only used when you can no longer participate in the decision making process surrounding your treatment and you have been diagnosed with a terminal condition which will result in death in a short period of time. As long as you remain competent you may refuse or accept

treatment, regardless of the existence of a living will.

Much like a power of attorney, there are no set rules or language which you are required to put in a living will. You should make sure the document states your wishes exactly.

The law in Montana provides immunity for physicians and facilities that carry out the provisions of the living will. This means that they cannot be sued for following the wishes in your living will.

The law also requires a physician who will not honor your living will to so notify you, and transfer you to another physician who will comply with your wishes.

The second type of living will is the appointment of a person to make the decision for you when the time comes. This is similar to a durable power of attorney for health care, only much more specific and narrow in scope.

If you do not write a living will, or you do not designate another to make these decisions, the law provides a list of individuals who will be allowed to make the decision for you regarding life sustaining treatment, in the following order: 1) spouse, 2) adult child or majority of your adult children, 3) parents, 4) adult sibling or majority of your adult siblings, 5) nearest other adult relative.

Living wills have no affect on life insurance or on annuities.

The validity and composition of living wills may vary from state to state. If you anticipate spending a substantial amount of time in another state, you should research that state's law.

For more information, contact: John McCrea, Legal Services Developer at 1-800-332-2272

COMMON QUESTIONS ABOUT LIVING WILLS

What is the difference between an Advance Directive and a Living Will?

An advance medical directive is a more general document, while the living will gives very specific instructions for a very specific situation.

How is the durable power of attorney for health care different from the living will?

A living will only applies if you are terminally ill and unable to make or communicate your wishes regarding treatment.

You may state your wishes in the living will or you may appoint someone to make such decisions for you when the time comes.

The Medical Power of Attorney allows you to appoint someone to make all healthcare decisions for you if you cannot make them. It covers all healthcare situations in which you are incapable of making decisions for yourself. It also allows you to give specific instructions to your agent about the type of care you want to receive. The Medical Power of Attorney allows your agent to respond to medical situations that you might not have anticipated and to make decisions for you with knowledge of your values and wishes.

Since the Medical Power of Attorney is more flexible, it is the advance directive most people choose. Some people, however, do not have someone whom they trust or who knows their values and preferences. These people should consider creating a living will.

How old should I be before considering a living will?

Living wills are for adults of all ages, not just the elderly. Some of the most famous court cases about the right to die have involved those in their 20s.

There are good reasons to write down your wishes about end-of-life medical care:

- You might be too sick to express yourself when the time comes.
- Your family might disagree about what to do, which leaves doctors in a tough spot and more likely to keep you on life support.
- You can help your family with the really tough decision of whether or not to take you off life support.



Living wills often include legal protection for doctors and hospitals, so they don't get sued for honoring your request.

Whom should I talk to about my living will?

Before writing down your instructions, you should talk to those people closest to you and who are concerned about your care and feelings. Discuss them with your family, your doctor, friends and other appropriate people, such as a member of your clergy or your lawyer. These are people who will be involved with your healthcare if you are unable to make your own decisions.

Who should witness my living will?

The only people who should **not** witness your signature are: 1) Anyone related to you or your spouse within the third degree (grandparents, parents, children or grandchildren); 2) Anyone who is entitled to any portion of your estate; 3) Your attending physician or an employee of your attending physician; 4) An employee of a healthcare facility, nursing home, or group-care home in which you are a patient or residing; or 5) Any person who has any claim against you.

Do I need a lawyer to help me make a living will?

No. A lawyer may be helpful in providing legal advice on these matters, but there is no requirement to do so.

BEAT THE HEAT AS TEMPERATURES SOAR



Heed the Heat

Hot weather can be a problem for older people with heart problems and other health issues, especially people living alone or on fixed incomes. Overexposure to heat and sun can cause dehydration and heat stroke. So, pay special attention to the person in your care when temperatures are above 90° F and humidity is high (75% or more).

Dehydration

As person age, he or she feels less thirsty, so a special effort should be made to provide fluids to prevent dehydration. A person's fluid balance can be affected by medication, emotional stress, exercise, nourishment, general health, and, of course, the weather. Dehydration, especially in the elderly, can increase confusion and muscle weakness and cause nausea. Nausea, in turn, will prevent the person from wanting to eat and drink, thereby causing more dehydration.

Pay special attention when temperatures are above 90° F and the humidity is 75% or more.

Heat Stroke

An older person is at greater risk of heat exhaustion, which can become heat stroke because the aging body is less able to cool itself. Some medications and heart disease can increase the likelihood of heat stroke. Also, an elderly person may not feel the heat as much as a young person would.

Preventing Heat Stroke

- Ask the doctor or pharmacist if the medicine the person is taking can increase the risk of heat stroke.
- Use clothing made of light-colored, loose, breathable, lightweight fabrics.
- Use a fan, an air conditioner, or a cool wet cloth on the forehead.
- Offer 6-8 glasses of water even if she is not feeling thirsty (or an amount suggested by the doctor).
- Avoid alcohol, caffeine, and smoking because they speed dehydration.
- Avoid activity during the hottest part of the day.
- Rest frequently and seek shade when possible.
- Stay indoors and avoid extreme temperature changes.

SIGNS OF HEAT STROKE

- Headache
- Nausea
- High temperature
- Rapid breathing and pulse
- Confused behavior
- Hot, dry flushed skin

Consult your doctor or other health care staff immediately to get emergency help if you suspect heat stroke.

Source: Caregiver Assistance Newsletter

OMBUDSMAN COMINGS AND GOINGS

WELCOME TO NEW OMBUDSMEN

Robin Morris is our new part time ombudsman for Area IV in the Bozeman-Livingston area. Robin, a retired school teacher, lives in Bozeman with her husband and daughter. She comes to the program with a great desire to make a difference in the lives of residents. She experienced many of the challenging circumstances the program contends with through her parents. She now wishes to make further use of her knowledge by serving elders.

Jeannie Downs joined the Ombudsman program with Area IV in Helena in June. Jeannie and her husband Tom, a former DPHHS employee, have two sons. About three years ago, Jeannie retired from her employment at Carroll College. She decided to come out of retirement specifically to do this job. Her natural abilities with seniors, and people in general, will also be put to use as a SHIP and I&A counselor with the Area IV Agency on Aging.

NEW REGIONAL OMBUDSMAN FOR AREA II

Kathy Chaffee, who for the past two years has served as the Local Ombudsman for the Yellowstone County Council on Aging, will be the new Regional Ombudsman for Area II. Kathy has worked in senior services for almost twenty years. In her new position as the Regional Ombudsman, Kathy will provide

technical and team support for the local ombudsmen in Area II, as well as be responsible for providing advocacy services for residents and their families in assisted living and nursing homes in Hardin, Awe Kualawaache Care Center at Crow Agency, Ashland, and Roundup.

THANK YOU FOR SERVING THE OMBUDSMAN PROGRAM

Kris Cullinan, Area I, Glendive
Kris has served as the Regional Ombudsman for the 17 counties of eastern Montana for the past three years. In mid-August, Kris will be taking a position with Child and Family Services/Department of Public Health and Human Services in Glendive. The skills and abilities Kris brought to the Ombudsman program will be greatly missed.

Amy Anderson, Area IV, Helena
Amy worked with the Ombudsman, Information and Assistance and SHIP program for over 3 years in Helena. She has taken a full time position with SonHaven, an Assisted Living facility in Helena.

Tami Hoar, Area V, Butte
Tami has served as a part-time Ombudsman in Butte for many years. She worked at the Belmont Senior Center. Tami is now the Program Director for the Montana Independent Living Project in Butte.

Todd Wood, Area II, Billings
Todd served as the Regional Ombudsman for Area II for over the past 2 years. Todd will remain with the Area II in a new role. He will be serving as the Social Worker for the Case Management team. His fifteen years of experience in Adult Protective Services combined with his Ombudsman experience provide valuable insight and experience for the consumers of the waiver program.

NEW OMBUDSMAN CERTIFICATION TRAINING



The Office on Aging will be holding the first of two Certification training sessions for new Ombudsman from **September 12-14, 2006 in Helena.**

For more information, contact: Kelly Moorse, State Ombudsman at 1-800-332-2272

UPCOMING TRAINING EVENTS

CHIPPEWA CREE FEDERAL BENEFITS TRAINING

Stone Child College, Box Elder - August 9-10, 2006

POWERFUL TOOLS FOR CAREGIVERS (ALZHEIMER'S GRANT)

Comfort Inn, Bozeman - August 29-31, 2006

7TH ANNUAL COMMUNITY SERVICES BUREAU CONFERENCE

Helena - September 20-22, 2006

ALZHEIMER'S ASSOCIATION FALL CONFERENCE

Great Northern Best Western Hotel, Helena - November 1-2, 2006

2007 GOVERNOR'S CONFERENCE ON AGING

Red Lion Inn, Helena - May 21 - 24, 2007